The Evolution of the World Bank's Global Health Work in Africa from 2000-2015

By: Lawrence Hinkle

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Approved by:

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Bruce Fried (First Reader)

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Harsha Thirumurthy (Second Reader)

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Abstract

The World Bank is a leading driver of international development in Africa, where a higher percentage of its project portfolio is concentrated than any other continent. The World Bank's stated goal is poverty reduction and growing economies. Given the strong connection between poverty and poor health, however, the World Bank has become a major player in global health, particularly since the advent of the Millennium Development Goals (MDGs) in 2000. At the conclusion of the MDGs, however, progress was unsatisfactory in many areas. As the Sustainable Development Goals were developed to replace the MDGs, there was a lot of discussion in the development community about the need to change strategies, including from those at the Bank itself. This report examines the strategies that the World Bank has used to achieve its health goals in Africa since the start of the MDGs in 2000. This report examines data from all 420 World Bank health projects implemented in Africa between 2000-2015. The report also samples projects for a document review to better analyze the Bank's health interventions and strategies. The report concludes that while many of the Bank's strategies and interventions remain vertically inclined, the Bank appears to recognize the need for horizontal interventions. The data suggests that the Bank has made some movement in this direction, but it is too soon to tell whether this trend will persist or what the outcomes of this work will be.

Overview

The Millennium Development Goals (MDGs) concluded in 2015 and gave way to the Sustainable Development Goals (SDGs), which have set the development agenda for the next fifteen years. The MDGs, and the work to achieve them, were responsible for many gains in health status across the globe. There were also many failures, however, and as the SDGs were conceptualized, the development community began to discuss how the SDGs could succeed where the MDGs fell short. Among those involved in the discussion was the World Bank, one of the principle actors involved with both the MDGs and the SDGs.

At the heart of this discussion is a debate over an approach to health that has been ongoing in the global health community – whether or not the best interventions are vertical,

top-down strategies that focus on selective issues with specific targets or benchmarks; or horizontal, which seek a more holistic approach to systems strengthening and focus on affecting the determinants of health. To that end, the SDGs call for a more comprehensive approach to health systems strengthening – as opposed to condition-specific, top-down approaches often implemented under the MDGs. This report undertakes a review of Bank health programs in Africa over this timeframe. This report discusses how the Bank has invested in health on the continent, and examines how its strategies for health have shifted over the past fifteen years. This includes an examination of project data over that time and a sampling of project documents intended to take a closer look at implementation approaches.

Background

The World Bank is one of the primary drivers of development in emerging economies in the world. The Bank provides nations with loans, credits, and grants in order to, "support a wide array of investments in areas such as education, health, public administration, infrastructure, financial and private sector development, agriculture, and environmental and natural resource management."[1] Bank staff also provides technical assistance to those working on development in different sectors within these countries. Through its history, the Bank has had considerable influence in development work on the African continent. Since 1947, the Bank has implemented 12,419 projects in 173 countries, with more than 3,500 of these taking place within Africa.[2,3] This trend has continued today, as the World Bank currently has 1,724 projects – with 567 of these on the African continent, more than any other single continent.[4]

That the World Bank is heavily involved in African development is not a coincidence. Following the Berlin Conference of 1885, much of Africa was divided and placed under the control of the various European colonial powers: Great Britain, France, Germany, Belgium, Italy, Spain, and Portugal. In fact, by the early 20th century, the only part of Africa not under colonial rule was present day Ethiopia, which would be invaded by Italy in the 1930s. The decolonization movement followed the end of World War II, as African nations broke away from their European colonizers and claimed their independence. In many cases, however, challenges awaited these new nations, particularly in the way of economic development due to the fact

that their infrastructure and economies had been neglected by the extractive nature of European control. This system had the effect of contributing to European development, while any benefits that accrued to the colonized nations and their native populations were minimal at best.[5]

The World Bank was conceptualized and developed at the same time as the African independence movements gained steam. The Bank (along with the International Monetary Fund) was conceived at the Bretton Woods Monetary Conference in 1944, and made its first loan to post-War France in 1947.[6] By the 1950s and 1960s, the Bank had shifted from assisting with the World War II rebuild, and began contributing to large infrastructure projects in Latin America, Africa, and Asia. In the 1970s the Bank again shifted its focus to poverty reduction.[7] This focus on poverty remains today.

The World Bank and Health

While the World Bank's primary focus is on poverty, the Bank has long acknowledged the crucial role its development works plays in health. In fact, in 1974, one of the Bank's most successful projects was one that reduced river blindness in 11 West African countries.[8] The Bank emerged as a force in global health following its release of *The World Development Report, 1993: Investing in Health*. This was the Bank's sixteenth *World Development Report*, but the first to focus entirely on health.[9] In the report, the Bank recommended a three-pronged approach to government policies for improving health: (1) fostering an environment that enables households to improve health, (2) improving government spending on health, and (3) promoting diversity and competition.[10]

Since the 1993 report, the World Bank has rapidly expanded its health portfolio.[11] In fact, by 2004 the World Bank was committing more than $1 billion annually to health, nutrition, and population projects – making it the largest external funder of health services, and cementing its importance in the field of global health.[12] These numbers have continued to grow, and in 2015 the World Bank committed $3.63 billion to health projects worldwide.[13]

The 2012 election of Dr. Jim Yong Kim, a physician and global health expert who rose to prominence in co-founding Partners in Health, and for his work on tuberculosis and HIV/AIDS,

as World Bank President was widely seen as further evidence that the Bank embraced the importance of health. It was widely noted after Dr. Kim's election that he was the first Bank president with a development and global health background, as opposed to a political or financial background.[14] The participation of the World Bank as a partner in achieving the United Nations Millennium Development Goals (MDGs) is further evidence that the Bank has played an active role in supporting public health goals. The Bank is also an active partner in the Sustainable Development Goals (SDGs), which were passed in September 2015 and built/expanded upon the MDGs.[15] The two sets of goals, and the strategies to achieve them, are discussed in more detail below.

The World Bank, Millennium Development Goals, Sustainable Development Goals and Post-2015 Development Agenda

The United Nations and its partner agencies (including the World Bank) developed the MDGs in 2000 with the objective of achieving the goals by 2015. The MDGs addressed a number of issues related to poverty, development and health (see Figure 1). Each of the eight goals had targets that were to be achieved by 2015; for example one of the targets for goal six (Combat HIV/AIDS, Malaria, and Other Diseases) was: "Have halted by 2015 and begun to reverse the spread of HIV/AIDS."[16] As 2015 began, the United Nations began to evaluate progress made toward the goals. A United Nations report published at the conclusion of the MDGs touted unprecedented progress made in some areas, while also acknowledging "uneven achievements and shortfalls in many areas," and the need for further work on these areas.[17]

Figure 1 – The Millennium Development Goals[18]

A focus of the report, and other criticisms made of the MDGs were that the goals themselves were specific and called for resources to be targeted to certain areas (HIV, Malaria, Infant Mortality, etc.) as opposed to addressing determinants of health and developing comprehensive health systems. As Scott Brown and many others note, this selective approach to health was found to be inadequate for truly addressing the root causes of various health problems.[19] The SDGs were designed with these shortcomings in mind.

As the time ran out on the MDGs, the development community came together to establish how to expand and build on this work. The SDGs were formally articulated for the first time in 2012 at the UN Conference on Sustainable Development in Rio.[20] A 30-member working group was formed with representatives nominated by member states and representing the five UN regions. This group met eight times, and in September 2014 submitted a report to the General Assembly, which adopted a resolution concluding that the report was to be the basis for the Sustainable Development Goals.[21] The SDGs were subsequently developed and adopted on September 25, 2015 by the General Assembly of the United Nations.[22]

The goals themselves (see Figure 2) represent a shift in how the development community's focus and strategies have developed since the MDGs. The most obvious difference

is that there are 17 goals as opposed to 8; and within the 17 goals there are 169 targets to be met. The SDGs are much more comprehensive than the MDGs. This is particularly apparent with regard to the third goal (good health and wellbeing for all), and is in response to the shortcomings of earlier selective approaches to health. The goal of good health still contains targets related to many of the issues that previously had their own goals under the SDGs (maternal health, HIV, infant/child mortality), but this goal now also includes a focus on targets that require system wide improvements – such as universal health coverage and building the health workforce.[23]

Figure 2 – The Sustainable Development Goals[24]

These goals, and the targets contained within them, set the development agenda for the next fifteen years. As with the MDGs before them, the World Bank is once again an active partner, and the goals fall in line with the Bank's own agenda and objectives. In a blog published to the World Bank's website, Paul McClure wrote that the new SDGs are mutually reinforcing of the Bank's own goals and that, "the SDGs and their indicators will help track progress in the holistic way that we already know to be critical."[25] The goals and targets themselves speak to this reality. The first goal, to end poverty in all of its forms everywhere, is perfectly in line with the Bank's stated goal for 2030: "end extreme poverty by decreasing the percentage of people living on less than $1.90 a day to no more than 3%".[26] The eighth goal of good jobs and economic growth is also in line with the Bank's second stated goal for 2030:

"Promote shared prosperity by fostering the income growth of the bottom 40% for every country."[27] Finally, one of the targets for achieving goal three (good health) is the same as the Bank's primary health goal of universal health coverage.[28]

Vertical verses Horizontal Approaches to Health

Through the history of global health there has been tension in how to best implement policies and interventions to achieve improvements in health outcomes. Over time, interventions implemented by such groups as the World Bank and the World Health Organization (WHO) tended to fall into one of two categories: vertical or horizontal. Vertical strategies, also known as selective approaches, tend to focus on the targeting of specific health interventions that are not delivered or fully integrated into the health system.[29] One example of a vertical strategy is fighting polio only through the provision of vaccines. In contrast, horizontal approaches to health are delivered through the country's health system (or other agencies) and focus on the underlying determinants of health.[30] Examples of horizontal approaches include those interventions that focus on primary health care, or on other determinants of health including housing, income, the environment, or equality.

Historically, the preference between vertical and horizontal strategies has fluctuated. The World Health Organization used vertical approaches in attempts to eradicate both malaria and smallpox in the 1950s and 1960s.[31] While the WHO and its member countries succeeded in its efforts against smallpox, it failed to do so against malaria. In examining why its failure to stop malaria was so complete, the WHO noted that a successful response to malaria required efficient health systems and infrastructure complete with accessible primary and preventive care.[32] This realization led the WHO to refocus its efforts on primary health care, which manifested in 1978 with the call of "Health for All in the Year 2000," in the Declaration of Primary Health Care that emerged from a conference in Alma-Ata, in the Soviet Union.[33]

The focus on primary care was short lived thanks to two factors: the emergence of the World Bank as a major player in global health, as well as the explosion of HIV/AIDS. The World Bank particularly was opposed to the goals of the Alma-Ata conference and favored vertical approaches to health, and selective approaches to primary care.[34] This opposition stemmed

largely from the Bank's adherence to the Washington Consensus (so called because it was devised by the Bank and IMF), which favored drastic cuts in public spending, privatization of markets, decentralization, and less government involvement in market activities.[35] Given that horizontal interventions tend to require public investment in social services these strategies clashed with the Bank's preference for Washington Consensus policies. Because of its influence, the Bank's preference for vertical interventions became the primary method to address the HIV crisis both in Bank projects and in strategies used by other donors. It is only recently that the Bank and others have accepted that the focus on vertical interventions is not working, as the Italian Global Health Watch noted in a report to the Italian Government:

> Vertical programmes have artificially and temporarily reinforced distribution of services dedicated to specific diseases and interventions (AIDS, malaria, tuberculosis, etc.), creating absurd and harmful forms of competition between services (e.g. local personnel migrating to more financially attractive agencies) making even more precarious and inefficient the work of already fragile basic health systems.[36]

World Bank President Jim Yong Kim echoed the need for approaches that address the entire health system shortly after his election in 2012. In a July 2012 speech, Kim noted the move away from previous strategies for confronting HIV/AIDS and said, "The discussion is moving in a great direction…I think the most important thing is…that we have to understand this as a systems and delivery problem and not as a disease problem."[37] Kim added in this speech that this was the direction in which he would like to see the World Bank move.[38]

Specific Aims - The Way Forward for the World Bank on Health

President Kim is not the first person to suggest that the Bank move in the direction he articulated in his speech. While President Kim's desire to move this way has been stated before, there are also those who contend that the World Bank's approach to health to date has been unfocused and that the Bank must develop a plan dedicated to health policy and health systems.[39] As noted above, the need to shift from vertical to horizontal strategies was also discussed in the context of the SDGs and the shortcomings of the MDGs. This report, therefore,

seeks to understand how World Bank health projects have evolved in this context, the lessons it has learned, and how it is shifting its strategies as the work on the SDGs begins.

Specific Aim #1 – Determine how the World Bank's health goals have evolved since the advent of the Millennium Development Goals

As discussed in the overview, the World Bank acknowledges its role in helping countries achieve public health goals. The first aim of this paper is to determine exactly how the World Bank is working to help countries achieve public health goals, and to determine if and how these goals have evolved since the start of the Banks work on the MDGs in 2000 to the beginning of the SDGs today. As discussed below, this involved an in-depth review of World Bank programs and projects over multiple years.

The World Bank maintains a detailed database on its programs, though the number is extensive – over 5000 projects in Africa alone. To narrow the scope, this report focuses only on health projects in Africa. It is important to note that with regards to Bank projects, "Africa" includes sub-Saharan Africa and West Africa. The Bank groups countries in Northern Africa (Egypt, Morocco, Tunisia, etc.) with the Middle Eastern nations for the purposes of evaluating its project portfolio.

The review also charts how Bank health projects in Africa have shifted in focus over the past fifteen years, as the development agenda has transitioned from the MDGs to the SDGs. As discussed below, this paper includes an analysis of evidence indicating if the themes of these projects have moved from a more selective or vertical approach to health (i.e. Child health, HIV/AIDS), to an approach focused more on health systems strengthening (i.e. health system performance, population health).

Specific Aim #2 – Determine whether the changes identified in the data are due to actual changes in strategy

As noted above, in recent years the World Bank has been more vocal about the need to strengthen health systems. The second aim of this paper seeks to determine whether or not the Bank is actually moving in this direction. To inform this discussion, this report discusses the data findings used to answer the questions posed by the first specific aim. It also provides context

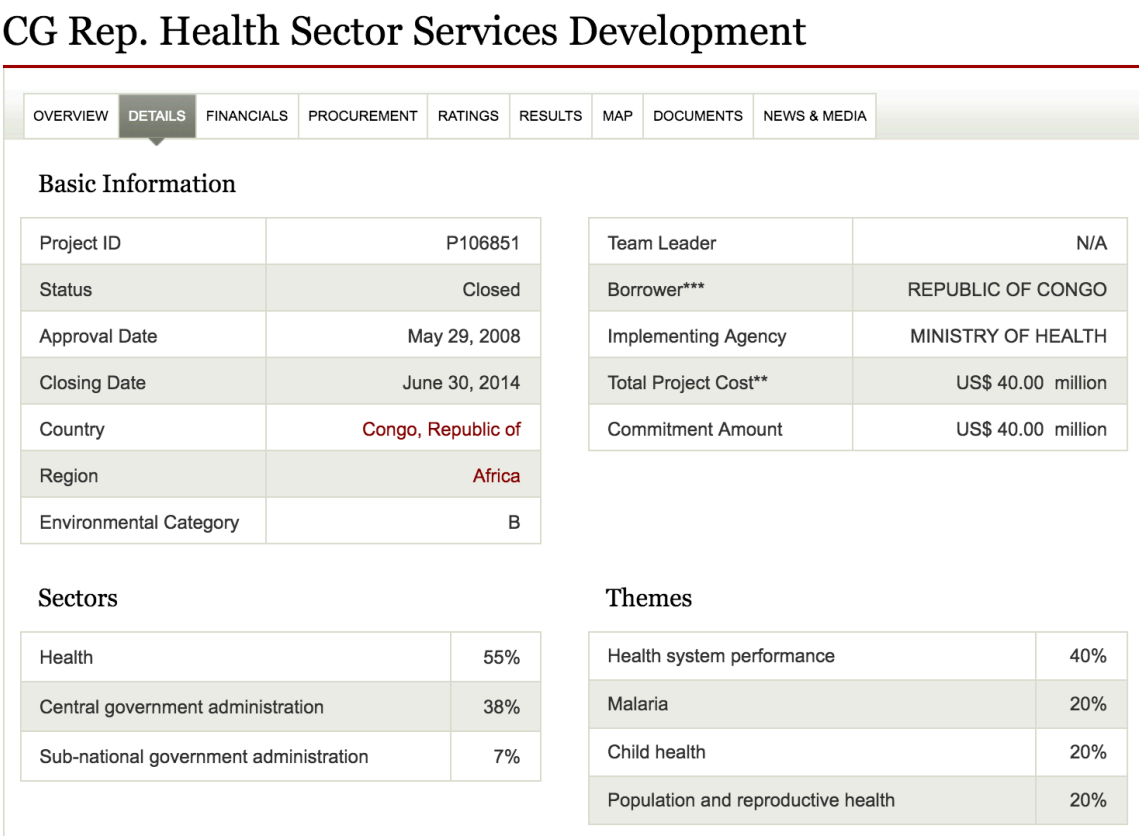
through a closer look at a sample of specific projects implemented by the Bank over the past fifteen years. This includes an analysis of project documents that discuss strategies and interventions that cannot be deduced just by reviewing the data. This paper compares the strategies detailed in the project documents with the public comments by Bank officials discussed earlier in order to determine if this focus on systems is actually occurring.

Methods

To address the questions posed above, I conducted an extensive data review of World Bank health programs implemented in Africa since the beginning of the MDGs in September of 2000. I considered all health programs that were implemented in Africa with an approval date of September 1, 2000 to the present day, and included both active and closed projects, for a total of 420 projects.

I conducted the review using the World Bank Project & Operations database, available on the Bank's website.[40] The data extracted included: the percentage of the project focused on the health sector, percentage focused on other sectors, total Bank commitment, total project cost, duration, and project themes and percentages devoted to each. It is important to note that the percentages both for the sectors and the themes correspond to the percentage of the project funding going to each area. I extracted the information into a Microsoft Excel database. For an example of the data that was extracted from the Bank's database into the database created for this project, see Figure 3 below.

Figure 3 – Project Example from World Bank Projects Database[41]



CG Rep. Health Sector Services Development

OVERVIEW | DETAILS | FINANCIALS | PROCUREMENT | RATINGS | RESULTS | MAP | DOCUMENTS | NEWS & MEDIA

Basic Information

Project ID	P106851
Status	Closed
Approval Date	May 29, 2008
Closing Date	June 30, 2014
Country	Congo, Republic of
Region	Africa
Environmental Category	B

Team Leader	N/A
Borrower***	REPUBLIC OF CONGO
Implementing Agency	MINISTRY OF HEALTH
Total Project Cost**	US$ 40.00 million
Commitment Amount	US$ 40.00 million

Sectors

Health	55%
Central government administration	38%
Sub-national government administration	7%

Themes

Health system performance	40%
Malaria	20%
Child health	20%
Population and reproductive health	20%

To determine how Bank projects evolved over time, I paid close attention to the frequency and percentages devoted to different themes and sectors and how they changed. To facilitate this, each theme was designated either "vertical," "horizontal," "both," or "other." This was done so a percentage of the project focused on each of these categories could be calculated. I classified themes in this way through careful consideration of how approaches to address each theme have been implemented throughout history – both by the Bank and other actors. For example, themes such as 'Malaria,' 'Child Health,' and 'HIV/AIDS,' were all classified as vertical due to their inclusion in the MDGs and how interventions have been traditionally aimed at them. To contrast this, themes classified as horizontal included 'Health System Performance,' 'Nutrition and Food Security,' and 'Pollution Management and Environmental Health,' due to the fact each of these themes necessitates a broader systems approach in order to be achieved. Two themes were classified as both, 'Population and Reproductive Health,' and 'Injuries and Non-Communicable Diseases,' which was due to the fact that it is hard to attribute

a specific approach to these themes as both vertical and horizontal approaches have routinely been used to address them. Finally, themes with no direct link to health were classified as 'other'. While the themes in this classification were not directly tied to health, often they addressed other determinants of health (i.e. 'Education for All' and 'Rural Services and Infrastructure').

While the percentages and frequencies of different themes, and how they shift between 2000-2015, may provide some insight into how Bank priorities changed over that time, this information alone was not sufficient to make a confident conclusion about how Bank strategies had evolved. To complement the data and determine its accuracy, I also sampled two projects from each year, thirty-two projects total. To determine the projects on which to perform a document review, I took a purposive sample of the different projects. Factors that were considered in determining which projects to include in the sample were:

- Percentage of the project funds designated to the health sector verses other sectors. The review includes some projects that were 100% funded for the health sector, and others that were as low as 6%. This was to get a sense of how strategies varied if the project funds were focused mostly to other sectors.
- Percentage of the project dedicated to each theme. The review includes a mix of projects that based on the percentages allocated to the different themes appear to be more horizontal, vertical, or a mixture of the two.
- Total cost and total Bank commitment. As with the database, many of the projects sampled were financed mostly or entirely by the Bank. There was care to include some projects where the Bank was one partner on a larger project. The largest project included was one in Tanzania, where the Bank provided $100,000,000 out of a total of $2,721,800,000.
- Other factors included care to vary the projects by country, project title (i.e. not selecting too many HIV/AIDS projects), and duration.

The documents reviewed were generally either final reports for projects that had been completed, or project appraisals for documents that are still ongoing. For a few projects it was necessary to use the most recent project implementation report. Through these methods, I attempted to get a clearer picture of how the Bank's work has evolved over the past fifteen years, and whether or not this work aligns with what the Bank says about how it wishes to perform this work. This helped to better frame the discussion of where the Bank is going, and whether its work is consistent with the objectives of the SDGs.

Results

This section looks at the data that resulted from the project review performed on the World Bank project's database. It also analyzes the data, and highlights where certain shifts or trends appear in different themes, sectors, and other variables. This section also discusses the results from the document review of selected World Bank projects, and compares those findings to the trends suggested by the data.

Project Review

The results of the project review showed a distinct increase in the average percentage of funds in health sector projects that were designated to the health sector, as opposed to another sector. This percentage figure is important because it is tied to the level of funding designated for each sector contained within the project. So while each of these projects was designated health sector, many also had percentages designated to other sectors. As time passed, the average percentage of each project that included the health sector saw the percentage of funding designated to the health sector jump from 31.23% in 2008 to 46.8% in 2009, and continued to climb (see Table 1). This shift seems to indicate a trend, as prior to 2009 the average health project saw about one-third of the project funding designated to the health sector as opposed to others. After 2009, the funding designated to the health sector in these projects was consistently over fifty percent.

Table 1 – Percentage of Project Spending By Designation and Theme

Year	# Projects with Health Sector Funding	% Designated Health Sector	% Designated Other Sector	Average % Horizontal	Average % Vertical	Average % Both	Average % Other
2000*	13	40.69	59.31	7.92	25.38	11.15	55.54
2001	25	27.88	72.12	6.16	20.60	4.60	68.64
2002	23	33.00	67.00	21.52	20.48	4.43	53.57
2003	26	35.15	64.85	19.31	20.38	9.00	51.31
2004	34	24.76	75.24	17.32	16.88	3.91	61.88
2005	27	35.22	64.78	13.93	22.15	8.04	55.89
2006	36	33.83	66.17	23.53	17.28	4.58	54.61
2007	37	32.11	67.89	25.00	22.76	3.95	48.30
2008	30	31.23	68.77	22.53	22.27	3.03	52.17
2009	25	46.80	53.20	22.76	21.96	10.40	44.88
2010	30	58.33	41.67	19.67	35.97	9.27	35.10
2011	23	56.91	43.09	36.04	22.52	11.61	29.83
2012	24	50.17	49.83	26.04	25.75	10.54	37.67
2013	18	57.11	42.89	39.06	13.61	12.83	34.50
2014	26	64.65	35.35	37.54	24.00	13.65	24.81
2015	23	52.13	47.87	42.04	22.91	13.13	21.91
Total	420	42.50	57.50	23.77	22.18	8.38	45.66

***Projects from year 2000 are those that started on or after September 1 of that year.**

The health related themes and the percentage of project funding devoted to each, mirrored this shift, although not as dramatically. Between 2000 and 2008, an average of 17.47% of health project expenditures targeted horizontal strategies. Between 2009 and 2015, an average of 31.88% of health project expenditures targeted horizontal strategies. The average percentage of project spending devoted to vertical themes stayed relatively consistent over time, with an average of 20.9% from 2000-2008 and an average of 23.82% between 2009-2015. The average percentage of project funds designated to strategies that could be considered both vertical or horizontal also jumped in 2009, and seemed to indicate a trend. This percentage was 5.85% between 2000-2008, increasing to 11.63% between 2009-2015. The increases in health related themes was naturally offset by severe decreases in spending devoted to non health-related themes. The percentage of spending dedicated to 'other' non-health themes in health projects was 55.77% between 2000-2008, and was 32.67% between 2009-2015.

The data reviewed also focused on the duration of each project (measured in months), the average World Bank Commitment (funds contributed to the project by the World Bank),

and the average total cost (funds contributed to the project by the Bank plus other partners). Table 2 shows the average percentage contribution by the Bank to each health project (Average % of each project financed by the World Bank). The next column (Average % of total cost financed by World Bank) details the average percentage of the total cost of all projects that year financed by the Bank.

Table 2 – Project Duration and Financing

Year	# of Health Projects	Average Project Length (months)	Average Bank Commitment (USD)	Average Total Cost (USD)	Average % of each Project Financed by World Bank	Average % of Total Cost Financed by World Bank
2000	13	46.31	32,323,107.69	40,145,384.62	88.79	80.52
2001	25	58.32	55,377,200.00	98,641,600.00	89.60	56.14
2002	23	58.39	68,170,000.00	77,712,608.70	86.12	87.72
2003	26	59.40	48,129,230.81	143,486,538.50	77.14	33.54
2004	34	56.47	58,188,235.29	90,480,294.12	85.66	64.31
2005	27	42.20	45,094,814.81	53,880,000.00	88.15	83.69
2006	36	34.17	45,463,333.33	123,754,444.44	85.05	36.74
2007	37	34.76	42,468,108.11	87,815,945.95	89.79	48.36
2008	30	33.88	44,649,000.00	51,902,333.33	95.42	86.03
2009	25	36.98	67,197,600.00	257,809,600.00	81.84	26.06
2010	30	42.42	42,308,000.00	46,168,333.33	96.34	91.64
2011	23	32.13	43,164,782.61	194,386,086.96	78.50	22.21
2012	24	36.92	66,141,666.67	262,400,416.67	85.84	25.21
2013	18	43.14	46,844,444.44	56,275,000.00	84.04	83.24
2014	26	36.08	58,939,615.38	66,912,692.31	90.96	88.08
2015	23	37.80	96,860,434.78	291,308,260.87	90.40	33.25
Totals	**420**	**43.09**	**53,832,473.37**	**121,442,471.24**	**87.10**	**59.17**

Over time, the average duration of health sector projects fell. From 2000-2008, the average project was 47.1 months, and from 2009-2015 the average was 37.92 months. It should be noted, however, that the shift to shorter projects appears to have started earlier – in 2006 – as opposed to 2009, which is when the shift in percentages was identified in Table 1. The average annual Bank commitment between 2000 and 2008 was $48,873,670, and increased to $60,208,077.70 (note: dollar figures are not constant and may reflect inflation) in the 2009-2015 period. The average total project cost (reflecting Bank commitments plus commitments from other partners) was $85,313,238.85 from 2000-2008, rising to $167,894,341.45 in the

2009-2015 period. The average percentage the Bank contributed remained stable between 2000 and 2015, at about eighty-seven percent. The percentage of the total amount dedicated to health projects each year financed by the Bank was 64.12% between 2000-2008. This figure declined to 52.81% from 2009-2015.

Table 3 shows the frequency with which different horizontal project themes appeared over time.* These were themes that were classified as requiring a systems strengthening approach. For ease in identifying trends, this frequency table has been divided into four increments of four years.

Table 3 – Frequency and Percentage of Horizontal Themes in Health Projects by 4-year span

Theme	# Projects 2000-2015 Total: 420	# Projects 2000-2003 Total: 87	# Projects 2004-2007 Total: 134	# Projects 2008-2011 Total: 108	# Projects 2012-2015 Total: 91
Social Safety Nets	43 (10.24%)	8 (9.20%)	13 (9.70%)	13 (12.04%)	9 (9.89%)
Health System Performance	195 (46.43%)	26 (29.89%)	65 (48.51%)	52 (48.15%)	52 (57.14%)
Pollution Management and Environmental Health	7 (16.67%)	2 (2.30%)	2 (1.49%)	2 (1.85%)	1 (1.10%)
Social Risk Mitigation	17 (4.05%)	6 (6.90%)	10 (7.46%)	0 (0%)	1 (1.10%)
Vulnerability Assessment and Monitoring	11 (2.62%)	4 (4.60%)	3 (2.24%)	2 (1.85%)	2 (2.20%)
Natural Disaster Management	14 (3.33%)	3 (3.45%)	7 (5.22%)	2 (1.85%)	2 (2.20%)
Other Social Protection and Risk Management	33 (7.86%)	6 (6.90%)	14 (10.45%)	4 (3.70%)	9 (9.89%)
Nutrition and Food Security	60 (14.29%)	7 (8.01%)	12 (8.96%)	15 (13.89%)	26 (28.57%)
Totals	380	62	126	90	102

As shown in the table, the most frequent horizontal theme was health system performance. It consistently appeared the most often each year, and after a significant jump from the first quartile to the second quartile, it jumped again to appearing in 57.14% of health projects to be implemented over the last four years of the analyzed time period. The only other

* It is important to note when reviewing the thematic tables that in each project there could be anywhere between one and five themes. Therefore, it is possible to have more total themes than projects over the same time period.

theme that appears to show a trend over time is that of nutrition and food security, which jumped slightly between the second and third quartiles, and then more than doubled (as a percentage of total projects in which it appeared) in the last four years.

Table 4 shows the frequency of different vertical interventions. Project themes classified as vertical were those that have traditionally leant themselves to selective, top-down interventions. Additionally, many of these themes appeared as goals in the MDGs.

Table 4 – Frequency and Percentage of Vertical Themes in Health Projects by 4-Year Span

Theme	# Projects 2000-2015 Total: 420	# Projects 2000-2003 Total: 87	# Projects 2004-2007 Total: 134	# Projects 2008-2011 Total: 108	# Projects 2012-2015 Total: 91
HIV/AIDS	95 (22.62%)	36 (41.40%)	28 (20.90%)	23 (21.30%)	8 (8.79%)
Gender	45 (10.71%)	26 (29.89%)	9 (6.72%)	2 (1.85%)	8 (8.79%)
Child Health	106 (25.24%)	13 (14.94%)	24 (17.91%)	29 (26.85%)	40 (43.96%)
Malaria	42 (10.00%)	5 (5.75%)	13 (9.70%)	14 (12.96%)	10 (10.99%)
Tuberculosis	20 (4.76%)	2 (2.30%)	8 (5.97%)	7 (6.48%)	3 (3.30%)
Other Communicable Diseases	35 (8.33%)	1 (1.15%)	15 (11.19%)	8 (7.41%)	11 (12.09%)
Totals	343	83	97	83	80

As the table shows, there is substantial movement in the first three vertical themes over time. The themes of gender and HIV/AIDS appear in a fairly high percentage of all health projects in the 2000-2003 time period. Gender and HIV/AIDS fall sharply after the first four years, and then fall sharply again after the third quartile. Child health, on the other hand jumps in the third quartile, and then again in the fourth. Malaria and other communicable diseases show some movement, but because the project numbers are so small, it is hard to determine whether or not a trend exists.

Table 5 shows the frequency of project themes that were classified as horizontal, vertical, or both. These are themes where it is difficult to tell whether horizontal or vertical interventions was used, as frequently it is either one or the other, or both. Only two themes were classified thusly: population and reproductive health, and injuries and non-communicable diseases.

Table 5 – Frequency of Both Themes in Health Projects by 4-Year Span

Theme	# Projects 2000-2015 Total: 420	# Projects 2000-2003 Total: 87	# Projects 2004-2007 Total: 134	# Projects 2008-2011 Total: 108	# Projects 2012-2015 Total: 91
Population and Reproductive Health	119 (28.3%)	24 (27.59%)	32 (23.88%)	28 (25.93%)	35 (38.46%)
Injuries and Non-Communicable Diseases	5 (0.012%)	0 (0%)	1 (0.0075%)	1 (00.93%)	3 (.033%)
Totals	124	24	33	29	38

As Table 5 shows, the only 'both' theme to appear regularly was population and reproductive health. Over time, population and reproductive health appeared fairly consistently for the first 12 years analyzed, it jumped sharply, however, over the last four years.

Table 6 below shows the themes designated 'other' or non-health that appeared in health projects. There were over 50 different 'other' themes that made at least one appearance in a health sector project from 2000 to 2015, this table displays the top ten most frequently appearing of those themes.

Table 6 – Frequency and Percentage of Top 10 Most Frequently Appearing Other Themes in Health Projects by 4-Year Span

Theme	# Projects 2000-2015 Total: 420	# Projects 2000-2003 Total: 87	# Projects 2004-2007 Total: 134	# Projects 2008-2011 Total: 108	# Projects 2012-2015 Total: 91
Public Expenditure, Financial Management, and Procurement	94 (22.38%)	22 (25.29%)	38 (28.39%)	25 (23.15%)	9 (9.89%)
Participation and Civic Engagement	90 (21.43%)	35 (40.23%)	32 (23.88%)	15 (13.89%)	8 (8.79%)
Rural Services and Infrastructure	86 (20.48%)	21 (24.14%)	36 (26.87%)	19 (17.59%)	10 (10.99%)
Education for All	81 (19.29%)	16 (18.39%)	38 (28.39%)	18 (16.67%)	9 (9.89%)
Decentralization	62 (14.76%)	11 (12.64%)	27 (20.15%)	18 (16.67%)	6 (6.59%)
Administrative and Civil Service Reform	39 (9.29%)	9 (10.34%)	20 (14.93%)	6 (5.56%)	4 (4.40%)
Conflict Prevention and Post-conflict Resolution	31 (7.38%)	13 (14.94%)	12 (8.96%)	2 (1.85%)	4 (4.40%)
Regulation and Competition Policy	23 (5.48%)	7 (8.05%)	7 (5.22%)	6 (5.56%)	3 (3.30%)
Infrastructure Services for Private Sector Development	20 (4.76%)	4 (4.60%)	7 (5.22%)	7 (6.48%)	2 (2.20%)
Other Human Development	20 (4.76%)	1 (1.15%)	13 (9.70%)	6 (5.56%)	0 (0%)
Totals	546	139	230	122	55

This table shows that many of these themes appeared at already high levels in the first quartile (2000-2003), and remained the same or jumped in the second quartile (2004-2007). Almost every single one of these themes dropped in the third quartile (2008-2011), with the exception of one that remained at the same level. Every single theme fell once again going into the fourth quartile (many by over half), with the exception of one, which rose from two in the third quartile to four in the fourth quartile.

The final table in this section, Table 7, shows the frequency of other sectors to appear with health in the different projects. As noted above, each of the 420 projects reviewed had some percentage of funding allocated to the health sector. Many of these projects included allocations to other sectors, however, with some projects containing as many as five sectors total (including health). In total there were over 60 other sectors that appeared with the health sector in the 420 projects that were reviewed. This table includes the data of the top eleven

most frequent other sectors to appear, each of these appeared on average close to at least twice a year over the total span.

Table 7 – Frequency and Percentage of Top 11 Most Frequently Appearing Other Sectors in Health Projects

Sector	# Projects 2000-2015 Total: 420	# Projects 2000-2003 Total: 87	# Projects 2004-2007 Total: 134	# Projects 2008-2011 Total: 108	# Projects 2012-2015 Total: 91
Other Social Services	159 (37.86%)	38 (43.68%)	60 (44.78%)	37 (34.26%)	24 (26.37%)
Central Government Administration	158 (37.62%)	56 (64.38%)	62 (46.29%)	28 (25.93%)	12 (13.19%)
General Education Sector	101 (24.05%)	29 (33.33%)	36 (26.87%)	24 (22.22%)	12 (13.19%)
Sub-national Government Administration	75 (17.86%)	19 (21.84%)	32 (23.88%)	15 (13.89%)	9 (9.89%)
Primary Education	59 (14.05%)	11 (12.64%)	33 (24.63%)	6 (5.56%)	9 (9.89%)
General Water, Sanitation and Flood Protection Sector	52 (12.38%)	11 (12.64%)	18 (13.43%)	14 (12.96%)	9 (9.89%)
General Public Administration Sector	52 (12.38%)	11 (12.64%)	28 (20.90%)	4 (3.70%)	9 (9.89%)
Public Administration-Health	52 (12.38%)	0 (0%)	0 (0%)	25 (23.15%)	27 (29.67%)
General Agriculture, Fishing, and Forestry Sector	50 (11.90%)	15 (17.24%)	14 (10.45%)	12 (11.11%)	9 (9.89%)
General Industry and Trade Sector	29 (6.90%)	5 (5.75%)	16 (55.17%)	5 (4.63%)	3 (3.30%)
Water Supply	28 (6.67%)	6 (6.90%)	13 (9.70%)	8 (7.41%)	1 (1.10%)
Totals	815	201	312	178	124

The trends of the other sectors follow the trends of the other health themes very closely. Almost every sector on the table remains the same or increases from the first quartile to the second. Similarly almost every sector on the table falls from the second quartile to the third, and then falls again from the third quartile to the fourth. The one sector that is consistently against this trend is 'Public Administration – Health.' This sector did not appear in a project until 2008, but once it did it jumped from zero appearances to 25 making it the third most frequently appearing other sector. This sector increased again slightly in the fourth quartile to 27, when it became the most frequently appearing other sector.

Document Review

The document review helped to validate the accuracy of the themes as suggestive of the approach and strategy used by the Bank. As discussed in the methods section, the document review involved profiling thirty-two World Bank projects, two per year (see Appendix 1). I took a purposive sample of the projects in order to chose those that are representative of the Bank's full portfolio of projects involving the health sector from 2000-2015.

In reviewing these projects it was possible to get a better sense of the project objectives, and components. Additionally, it was possible to determine how the money was being spent, the strategies the Bank was using to achieve its objectives, and the indicators it was using to evaluate success. Of the 32 projects sampled, fourteen were primarily vertical, five were horizontal, eleven were diagonal (elements of both strategies, discussed in detail in the next section), and two were neither. The distribution of the strategies seems to match the data above, as twelve of the fourteen vertical projects appeared between 2000-2009, and eight of the elven diagonal projects appeared from 2009-2011. The horizontal only projects were fairly evenly distributed.

Discussion

The data and the document review point to two major dates where the Bank strategy on health appears to shift: 2009 and 2012. It is in 2009 that the percentage allocated to the health sector really begins to increase, and it is in 2012 that the shift to a higher percentage of horizontal and both themes begins to occur, and the corresponding drop in other themes also occurs. Additionally, in recent years the average Bank commitment to health projects has increased, though the number of health projects taken on per year has decreased slightly. Throughout the entire time reviewed the Bank generally commits the majority of the funds to projects it undertakes. While in a given year Bank commitments may only reflect 20-30% of the total spent on health projects in which the Bank participated, this is often due to one large (often multi-billion dollar) project, for which the Bank was a partner and funding a low percentage of the total cost. Lately, it does appear that the Bank is partnering on these larger projects slightly more frequently. These projects are interesting because with the increased

funds available the focus is generally far more systems oriented than some of the smaller projects that are principally Bank funded. The document review included a couple of these projects, and the strategies within them tended to be far more horizontal or diagonal.

The concept of diagonal interventions is another thing that arose from the document review. For the purposes of this paper, a project classified as using diagonal strategies is one that incorporates aspects of both vertical and horizontal health interventions. Often this manifests in one of two ways. The first is that the project objectives are focused on strengthening health systems, but the indicators to measure success are vertical. An example of this from the project review (see Appendix A) was one in Sudan that focused on improving access to primary care services. While many of the project strategies involved horizontal strategies for system improvement such as building new facilities and training primary care workers, the indicators were more vertical such as the number of insecticide-treated nets disseminated. The other way diagonal programs appear is using horizontal strategies to address a certain health issue. For example, in one HIV/AIDS project the Bank sought to combat the virus by training more health care staff, building more facilities, and improving access to care. In this case, the strategies are ones that would seem horizontal at first glance in that they could strengthen the entire system, but they are being applied only to one condition. As noted in the results of the document review, the number of diagonal interventions appeared to increase in 2009 as well. Of the two projects per year selected for a document review from 2009 to 2015, at least one of the projects each year was categorized as diagonal.

As noted above, with the increase in health specific themes, the numbers of themes and sectors designated “other” or non-health declined. But even with the decline, the same “other” sectors and themes typically maintained a high per-year number. For themes: those related to education and rural development maintained a constant presence throughout the timeframe. Participation and civic engagement remained a consistent theme on health projects as well. The most common other sectors were either those that dealt with social services, government administration (either central or sub-national), public administration (most commonly health, but a number of others as well), education, and the environment (water, sanitation, flood protection, forestry, agriculture, etc.). While the increase in a health focus seems encouraging

at first glance, considering that many of non-health specific 'other' themes and sectors deal with determinants of health, it raises the question that maybe these themes and sectors should be even further integrated into health projects.

This leads to another observation from the document review, which is the apparent lack of coordination between Bank projects operating within the same country. Some of the project documents reviewed made mention of other health projects operating within the country where the new project was being implemented. There was, however, little discussion about how the new health project would integrate with the already ongoing projects. Furthermore, there was no discussion about how the health projects would relate to other World Bank projects operating in the country or region that did not relate to the health sector at all. In order to take a horizontal approach that truly integrates health into development, coordination of different World Bank projects in the same country would seem to be a logical step. That the Bank struggles to break from silos in its own work does not bode well when considering the other non-state actors implementing health projects in the same countries. One of the key criticisms of vertical interventions is often that it can lead to duplication of efforts, which wastes time and money. This lack of coordination does little to assuage those fears.

An additional question raised by the data is why do the shifts appear to be so stark in 2009 and 2012? It is hard to cite one event that definitively caused the shift, but reviewing some big events in global health offers some clues. The shift that started in 2009 may be attributed to major outbreaks of avian flu that struck a year or two prior. Several project titles in that timeframe address avian flu, and the thematic data pulled from these projects often points to horizontal or diagonal strategies. One avian flu project in particular focused on strengthening systems and also integrated avian flu prevention into the agricultural sector. Avian flu, and how it spreads, is not easily solved by dissemination of vaccines or other standard vertical interventions, as a result this may have caused an additional focus on systems strengthening.

An event that may have continued the shift towards systems strengthening themes in 2012, which increases even more sharply in 2013, is the election of Dr. Jim Yong Kim as Bank President in July of that year. As noted above, President Kim came from a global health

background, is a physician himself, and has spoken of the need for systems strengthening. It is possible that the Bank was already trending that way, before Kim arrived and helped to move it further in this direction.

Even more recently than Dr. Kim's election was the Ebola crisis in West Africa in the Summer of 2014. Sierra Leone, Liberia, and Guinea, all nations with weak health systems, were profoundly affected, while states with stronger health systems such as Nigeria and Senegal were able to mitigate the damage caused by the virus. Like avian flu before it, this case was illustrative of the importance of strong health systems. There were a few projects geared at addressing Ebola towards the end of the time period reviewed, but the effects of lessons learned from the crisis may not yet be reflected in the data.

Finally, another thing that may explain this shift is the arrival of many other non-state actors on the scene. As noted above, in 2004 the World Bank was the largest external funder of health projects. The Bank still provides a tremendous amount of money to health projects, but it has been joined by a number of other groups that bring in a significant amount of money. The President's Emergency Plan for AIDS Relief (PEPFAR) started work against HIV/AIDS in 2004, and grew in 2008 as it was renewed and its budget was expanded.[42] This perhaps explains the trend shown in Table 4, which shows the number of HIV/AIDS World Bank projects falling sharply after 2008. Additionally, the mid-2000s saw the increased influence of the Bill & Melinda Gates Foundation in the areas of malaria, polio, and other communicable diseases; and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This perhaps explains why the only vertical theme to increase substantially in the latter half of the MDG era was the child health goal, as the Bank partnered with and ceded ground on some of these other vertical issues to other actors.

Conclusion

As noted above, in the discussion on horizontal verses vertical health interventions, after a long-time adherence to the latter the World Bank seems to have acknowledged the necessity of the former. Furthermore, the Bank, unlike some of the other global health actors discussed in this paper, has the broad reach to affect systems other than just the health system

in its work. In a recent speech, World Bank President Kim noted that in order for the Bank to reach its goals, "three things have to happen – inclusive economic growth, investment in human beings, and insurance against the risk that people could fall back into poverty."[43] Nowhere in that quote is the term health, but it is easy to see where progress in those three areas would lead to better health outcomes for millions of people. To borrow an economic term, this is the comparative advantage of the Bank when compared to other non-state global health actors. The Bank does not only focus on the health sector. In order to realize its goals the Bank can help countries improve its water supply, it can help countries build safer roads, and it can help countries support agricultural development. It is a well known public health trope that the health system only determines a small percentage of the health outcomes experienced by a population. The Bank, more so than any non-state actor can integrate health goals into work on the broader determinants of health.

The results of the data analyzed in this paper, however, suggest that the Bank is not yet all the way there. The Bank does appear to have shifted its health work in the last fifteen years, and the rhetoric of Bank leaders lends credence to its desire to shift towards a more integrated approach. The strategies even do appear to be moving in a more horizontal direction, even if that direction manifests more often in the diagonal interventions discussed above. This is perhaps not surprising, the Bank and other global health actors have decades of experience in performing vertical health interventions. Given this previous experience, it is possible that this recent shift towards systems is indicative of a coming or continuing change to its strategies, and that it will become even more pronounced in the coming years as the Bank works to achieve the Sustainable Development Goals.

This is not to say that vertical health interventions, or their inclusion with horizontal strategies in diagonal programs are a bad thing, or that they have no place. Some vertical health interventions over time have been very successful. It is encouraging, however, that there appears to be more care to integrate these efforts into larger system-wide improvements than having them as standalone interventions.

Overall, the need to better integrate health into other development work is perhaps the biggest takeaway from this study. As mentioned above, the Bank in its project documents does

not even discuss how it will integrate a new health project into existing health projects in one country. If the Bank can break out of its own silos, with health and then with other sectors, it can possibly come up with more comprehensive projects that will not only improve health but the other sectors that drive the determinants of health. It is hard to conceptualize what this might look like, and it may even require a revolutionary change of strategy in how it lends to countries and the way it designs its projects. There is a reason global health actors have not favored horizontal strategies over time, they expensive and they are hard to implement and evaluate. They also take years to show results. Conversely, there is also a growing body of evidence on the limitations of vertical interventions. With its increased use of diagonal approaches the World Bank seems to be moving slowly in this direction, and if this work shows results the Bank may have the evidence it needs to move further in a horizontal direction. Right now, however, the data suggests that it is too early to tell. Regardless, if the MDGs taught the development community anything, it is that in order to achieve the SDGs new approaches are necessary. It will be interesting to see if and how the World Bank translates this into practice over the next fifteen years.

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Appendix 1 – Project Document Review and Analysis

Projects Started in 2000

Project: HIV/AIDS, Malaria, STD&TB (HAMSET) Control Project
Country: Eritrea
Date Approved: 12/18/2000
Date Closed: 3/31/2006
Total Bank Commitment: $40,000,000
Total Project Cost: $50,000,000
Percentage Designated Health Sector: 83%
Vertical/Horizontal: One horizontal theme (13% of total), One vertical theme (25% of total), One theme both (25% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2006/10/7376071/eritrea-hivaids-malaria-std-tuberculosis-hamset-control-project

Analysis:

- Overall objective was to reduce mortality and morbidity caused in Eritrea by several communicable diseases: HIV/AIDS, malaria, sexually transmitted diseases, and tuberculosis (HAMSET).
- Strategies included:
    - Interventions to strengthen the Eritrean government's ability to collect data and surveillance related to STDs
    - Increasing cross-sector communication and collaboration to better address this issue
    - Promote healthy behaviors, and develop a system to track changes in attitudes.
    - Enhance access to preventive services
    - Promote cost-effective techniques for Malaria vector control
    - Establish safe blood banks
    - Improve availability of medical materials and drugs required to diagnose and treat HAMSET
- Achievements from this project included a reduction in malaria-related morbidity and mortality, possible stabilization of the HIV epidemic in Eritrea (though not a decline in prevalence), and good progress on implementation of Directly Observed Treatment Short-course (DOTS) services for those with TB.

Conclusion: This project has elements that are horizontal and contribute to systems strengthening – but the focus on HAMSET and on administering interventions aimed directly at malarial vectors, provision of drugs, and DOTS for TB have the hallmarks of vertical interventions. Overall, this project would seem to be more vertical than horizontal.

Project: Supplemental Credit to Health & Population
Country: Rwanda
Date Approved: 12/21/2000
Date Closed: N/A
Total Bank Commitment: $7,000,000
Total Project Cost: $7,350,000
Percentage Designated Health Sector: 52%
Vertical/Horizontal: One horizontal theme (34% of total), One vertical theme (33% of total), One theme both (33% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/1991/05/727847/rwanda-first-population-project

Analysis:

- This project, though listed as occurring in 2000, actually provided additional financing to a project started in Rwanda in 1991.
- The project objectives contributed to the following goals:
    - Reduction of total fertility rate from 8.5 to 7.2
    - A decrease in maternal and child mortality and morbidity
    - Integration of the demographic dimension in the overall socio-economic planning process
- Strategies included:
    - Training of Rwandan Ministry of Health agents in contraceptive technology
    - Provision of medical equipment, furniture and contraceptives to health centers
    - Strengthen monitoring
    - Expand promotion of family planning services
    - Train community volunteers in family planning services
    - Support population studies and multisectoral activities
- Reviewing the budget, the majority of the project funds went towards supporting equipment/materials and contraceptives.

Conclusion: This project is in-line with the classic vertical interventions, from a selective approach to primary care (focus on family planning), to the desire to achieve targeted objectives on these specific conditions or rates. Some of the strategies may also contribute to health systems strengthening, but that is not the primary purpose.

Projects Started in 2001

Project: HIV/AIDS Disaster Response
Country: Burkina Faso
Date Approved: 7/6/2001
Date Closed: 6/30/2007
Total Bank Commitment: $22,000,000
Total Project Cost: $23,500,000
Percentage Designated Health Sector: 74%
Vertical/Horizontal: One horizontal theme (14% of total), Two vertical themes (43% of total), One theme both (14% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2007/12/9117573/burkina-faso-hivaids-disaster-response-project

Analysis:

- The overall objective was to assist the government in implementing a 2001-2005 HIV/AIDS strategic plan.
- Strategies designed to achieve this goal included:
    - The scale up and expansion of HIV prevention activities to lower risks of transmission
    - Strengthen capacity to provide care/treatment to those with HIV/AIDS
    - Mitigate the socio-economic effect the epidemic is having on households and communities
- This program included a number of indicators including:
    - Reduction in the percentage of non-married individuals who report having two or more sexual partners
    - Increase of condom utilization rates
    - Decrease the percentage of persons living with HIV/AIDS who report cases of discrimination and stigmatization
    - Several other indicators related to healthy sexual practices and provision of treatment

Conclusion: This project has all of the indicators to suggest it is a classic vertical intervention. This includes the focus on a single disease (HIV), and the indicators set for achieving the project goals, which are very much in-line for achieving the targets set by the MDGs.

Project: Multisectoral STI/HIV/AIDS Prevention I Project
Country: Madagascar
Date Approved: 12/14/2001
Date Closed: 12/31/2007
Total Bank Commitment: $20,000,000
Total Project Cost: $21,000,000
Percentage Designated Health Sector: 77%
Vertical/Horizontal: Zero horizontal themes (0% of total), Two vertical themes (60% of total), One theme both (20% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2008/06/9799515/madagascar-multisectoral-stihivaids-prevention-project

Analysis:

- The goal of this project was to help Madagascar develop and promote a multisectoral response to the HIV/AIDS crisis and to contain the spread of the disease.
- There were four project components:
    - Financial assistance to the development of sector plans and pilots
    - A fund for STI/HIV/AIDS prevention and non-medical activities
    - Monitoring and evaluation
    - Program management and strengthening of institutional and organizational capacity
- Data indicators included:
    - Increase in condom use among both general population and commercial sex workers
    - Reduction in people who report having at least one sex partner other than a regular partner over twelve months
    - Decrease in prevalence of gonorrhea
    - Increase in knowledge related to safe sexual practices
    - Increase in the number of condoms distributed

Conclusion: While some of the project components seem like they would support horizontal interventions (i.e. strengthening of capacity), the indicators along with the focus on HIV/AIDS and other STIs indicate this project to be a standard vertical intervention.

Projects Started in 2002

Project: HIV/AIDS Response Project
Country: Sierra Leone
Date Approved: 3/26/2002
Date Closed: 12/31/2007
Total Bank Commitment: $15,000,000
Total Project Cost: $15,300,000
Percentage Designated Health Sector: 87%
Vertical/Horizontal: Zero horizontal themes (0% of total), Two vertical themes (43% of total), Zero themes both
Project Document Available:
http://documents.worldbank.org/curated/en/2008/06/9739979/sierra-leone-hivaids-response-project

Analysis:

- The project objective was to support Sierra Leone's efforts to organize a multisectoral response to the HIV/AIDS crisis.
- Data indicators included:
    - Increase of condom utilization
    - Increase in knowledge around healthy sexual behaviors
    - Increase in the capability of hospitals to be able to provide treatment and care of opportunistic infections (OIs)
    - Increase in the number of health facilitators with incinerators
    - Increase in the provision of mother-to-child transmission prevention services
    - Increase in percentage of public sector agencies incorporating HIV/AIDS prevention into their work plans and budgets

Conclusion: There are some elements of the project, and the indicator, that would work to strengthen the overall health system. The majority of the targets, and the focus on HIV/AIDS, indicates that this project is also a typical vertical intervention.

Project: Second Health Systems Development
Country: Nigeria
Date Approved: 6/6/2002
Date Closed: 5/30/2012
Total Bank Commitment: $127,010,000
Total Project Cost: $153,220,000
Percentage Designated Health Sector: 88%
Vertical/Horizontal: One horizontal theme (23% of total), Two vertical themes (44% of total), One theme both (22% of total).
Project Document Available:
http://documents.worldbank.org/curated/en/2012/12/17097791/nigeria-additional-financing-second-health-systems-development-project

Analysis:

- The project originally sought to assist Nigerian Health authorities in efforts to fix their provision of basic health care services and to strengthen the Nigerian health system, which was failing.
- The project was then revised to strengthen the capacities for management of the health system at the State level, improve the delivery of primary and secondary health care services (particularly those related to maternal and child health), and strengthen policy formulation for provision of secondary health services at the Federal level.
- Project indicators included:
    - Number of states with approved three-year work plans
    - Percentage of states having developed state health accounts
    - Percentage of states routinely linking State health plans with annual budgets
    - Percentage of 1-2 year old children that are fully immunized.
    - Percentage of women attending ante-natal clinics
    - Percentage of health staff at primary health care facilities trained in integrated management of childhood illness (IMCI) and DOTS

Conclusion: There are elements of both horizontal and vertical approaches in this project. Some of the interventions will strengthen the entire system, particularly those dedicated to bolstering clinics and primary care systems. However, the focus on maternal and childhood health and TB has more in common with the vertical approaches and targets that were common within the MDGs for this area.

Projects Started in 2003

Project: Second Health Sector Program Support Project
Country: Ghana
Date Approved: 2/6/2003
Date Closed: 6/30/2007
Total Bank Commitment: $89,600,000
Total Project Cost: $1,113,000,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One horizontal theme (33% of total), Two vertical themes (34% of total), One theme both (17% of total).
Project Document Available:
http://documents.worldbank.org/curated/en/2007/12/9113030/ghana-second-health-program-support-project-hspsp-ii

Analysis:

- The primary goal of this project was to improve the overall health status of the population while reducing geographic, socioeconomic, and gender inequalities in health outcomes.
- The project sought to do this by improving access, quality, and efficiency of services – including enhancing existing infrastructure, reforming financing of the health system, and developing human resources.
- Data indicators included:
    - The infant mortality rate (later determined not to be an appropriate indicator)
    - Under 5 mortality rate
    - Supervised deliveries
    - Percentage of Ghanaian recurrent budget spent on health
    - Outpatient visit per capita

Conclusion: The strategies and objectives are far more inline with horizontal approaches than any of the above profiled projects. The lack of indicators around the health system also speak to the difficulty present in measuring these interventions, and partially explains why it instead chose to measure infant mortality and under 5 mortality. It is telling that the outcome of this project was rated "moderately unsatisfactory" by the Bank, as it noticed there were considerable shortcomings in some areas including quality of services, efficiency, and partnerships.

Project: Partnership for Polio Eradication Project
Country: Nigeria
Date Approved: 4/29/2003
Date Closed: 4/30/2012
Total Bank Commitment: $28,700,000
Total Project Cost: $157,100,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One horizontal theme (33% of total), One vertical theme (67% of total),
Project Document Available:
http://documents.worldbank.org/curated/en/2011/02/13848823/nigeria-third-additional-financing-partnership-polio-eradication-project

Analysis:

- The Bank financed this project with a number of other partners including the Bill and Melinda Gates Foundation, Rotary International and the US Centers for Disease Control and Prevention (CDC). Other funders included the European Union, KfW, UNICEF, and WHO.
- The money is intended primarily to finance the procurement or Oral Polio Vaccine.
- The project focused primarily on timely arrival of the vaccine, as well as immunization coverage.

Conclusion: This project is close to a model vertical intervention. It is top down, focuses on the eradication of one disease, with the primary measure of success the provision and application of vaccines.

Projects Started in 2004

Project: African Regional Capacity Building Network for HIV/AIDS Prevention, Treatment, and Care
Countries: Kenya, Ethiopia, Tanzania
Date Approved: 9/22/2004
Date Closed: 4/30/2010
Total Bank Commitment: $10,000,000
Total Project Cost: $10,000,000
Percentage Designated Health Sector: 85%
Vertical/Horizontal: One vertical theme (100% of total),
Project Document Available:
http://documents.worldbank.org/curated/en/2010/11/14133936/africa-region-african-regional-capacity-building-network-hivaids-prevention-treatment-care-tanzania-project

Analysis:

- This regional based project sought to expand evidence-based HIV/AIDS prevention, treatment, and care programs.
- The project also supported HIV/AIDS-related health sector human resource capacity building in the three countries participating.
- Indicators included:
    - Number of those who completed training to provide services.
    - Increase in percentage of service delivery points
    - Number of workers trained in-service
    - Total financial resources mobilized

Conclusion: Interestingly, this project used horizontal approaches in systems strengthening (such as building capacity and training workers), but only used them to address HIV/AIDS – which is a far more vertical use of these strategies.

Project: Health Sector Reform Project
Country: Malawi
Date Approved: 12/13/2004
Date Closed: 9/15/2008
Total Bank Commitment: $15,000,000
Total Project Cost: $753,000,000
Percentage Designated Health Sector: 80%
Vertical/Horizontal: One horizontal theme (50% of total), Zero vertical or both themes
Project Document Available:
http://documents.worldbank.org/curated/en/2009/03/10431441/malawi-health-sector-support-project

Analysis:

- The overall objective of the project was to assist in the Malawian Government's Sector Wide Approach (SWAp) to improving its health system.
- The goals were to improve effectiveness, efficiency, and equity of the essential health care delivery system. Three aspects of the health sector were identified as needing particular attention:
    - Human resources, as the capacity in this area was extremely low
    - Guaranteeing the provision of essential services throughout the country
    - Strengthening the systems and support relevant to providing the essential services
- Project indicators included:
    - Percentage of facilities with ability to effectively provide essential health package (EHP)
    - Percentage of budget allocation to health
    - Percentage of health facilities without seven day stockpile of essential EHP medicines
    - Percentage of staffing positions filled
    - Percentage of health facilities regularly supervised by District Health Management Teams

Conclusion: This project, and its focus on strengthening the system in order to provide essential primary care services is closer to a horizontal approach than any of the others profiled above. It seeks to make system wide improvements, while also measuring for them, unlike the two projects in Nigeria and Ghana detailed above.

Projects Started in 2005

Project: DRC Health Sector Rehabilitation Support Project
Country: Democratic Republic of the Congo
Date Approved: 9/1/2005
Date Closed: 12/31/2014
Total Bank Commitment: $150,000,000
Total Project Cost: $150,000,000
Percentage Designated Health Sector: 90%
Vertical/Horizontal: One horizontal theme (25% of total), Three vertical themes (62% of total), One theme both (13% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2015/11/25475801/congo-democratic-republic-health-sector-rehabilitation-support-project

Analysis:

- The goal of the project was to ensure that the target population in selected zones of the DRC had access to a defined package of essential health services.
- The zones within the DRC that contained the target population were designated Project Health Zones.
- Project indicators included:
    - Percentage of children aged 0-11 months who received DPT3 vaccinations
    - Percentage of children aged 12-23 months who received Oral Polio Vaccine
    - Deliveries by assisted qualified personnel
    - Percentage of women 15-49 years that are new users of family planning
    - Percentage of under-five children and pregnant women sleeping under insecticide-treated nets
    - Total number of polio cases
    - Number of health personnel receiving training
    - Number of health facilities constructed, renovated, and/or equipped
    - Number of children immunized
    - Number of malaria nets purchased and distributed
    - Number of staff trained in health systems management

Conclusion: As seen by the indicators, there was a focus both on vertical and horizontal strategies. Much of the focus around the distribution of bed-nets and vaccines is inline with traditional vertical approaches. However, the number of facilities constructed and staff trained in different areas speaks to the use of horizontal approaches that will strengthen the entire system beyond just malaria or polio. This is the first project reviewed that could be classified as diagonal.

Project: Lesotho Health Sector Reform Project Phase 2
Country: Lesotho
Date Approved: 10/13/2005
Date Closed: 9/30/2009
Total Bank Commitment: $6,500,000
Total Project Cost: $33,500,000
Percentage Designated Health Sector: 44%, other sectors included compulsory and non-compulsory health finance (13% each)
Vertical/Horizontal: Two horizontal themes (50% of total), One vertical theme (16% of total), One theme both (17% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2010/05/12540832/lesotho-second-phase-health-sector-reform-program-project

Analysis:

- The goal of the project was to increase access to, and quality of, essential health services.
- The project indicators included:
    - Percentage of children under-5 that are fully immunized
    - Percentage of deliveries attended to by trained personnel
    - Reducing the average weight time at health facilities from 4.5 hours to 2 hours
    - Reducing the percentage of the population residing within two hour walking distance from a health facility
    - Percentage of infants receiving DPT3 vaccinations.
    - Percentage of new TB cases detected and the TB cure rate
    - Percentage of health facilities that provide prevention of mother-to-child transmission services
    - Percentage of budget allocated to health
    - Percentage of health facilities properly staffed
- To accomplish the objectives and meet the indicators the project sought to establish functioning district health management teams, develop health financing policies, abolished user fees, recommended the development of a social health insurance program, and supported workforce development.

Conclusion: Like the DRC project above, while some of the indicators focused on TB and vaccines have traces of vertical interventions to them, the majority of the work for this project was focused on strengthening the health system as a whole. This project would also seem to be diagonal.

Projects Started in 2006

Project: Avian Influenza Control and Human Pandemic Preparedness and Response Project
Country: Nigeria
Date Approved: 3/29/2006
Date Closed: 5/31/2011
Total Bank Commitment: $50,000,000
Total Project Cost: $65,000,000
Percentage Designated Health Sector: 24%
Vertical/Horizontal: Two horizontal themes (28% of total), One vertical theme (29% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2013/03/17611521/nigeria-avian-influenza-control-human-pandemic-preparedness-response-project

Analysis:

- The goal of this project was to "support the efforts of the [Nigerian Government] to minimize the threat posed by H5N1 to humans and the poultry industry, and prepare the necessary control measures to respond to possible influenza pandemic."
- The project funding was dedicated to four major areas:
    - Animal Health
    - Human Health
    - Social Mobilization and Strategic Communication
    - Implementation Support and Monitoring and Evaluation
- The majority of the funding was to both Animal and Human Health
- Strategies for achieving objectives in the four areas included:
    - Animal Health: strengthening control and outbreak containment, strengthening disease surveillance and diagnostic capacity, and strengthening veterinary quarantine services through training.
    - Human Health: enhance public health program planning, delivery and coordination; strengthen public health surveillance systems; and strengthen health system response capacity by improving clinical care capacity, and conducting seasonal influenza vaccinations.
    - Social Mobilization and Strategic Communication: promote public awareness, participation, and coordination in emergency contingency plans.
    - Implementation Support and Monitoring and Evaluation: support for project management, most of these funds ended up being used by the animal and human health objectives.

Conclusion: Interestingly, in this project the Bank took a horizontal approach and strengthened multiple systems to prepare for a possible outbreak of avian flu. While the agricultural and health industries were the target of improvements with the goal of avoiding avian flu, the strategies used to improve public health planning and health system response capacity will have other positive effects on the system other than just avoiding avian flu.

Project: Sudan Multi-donor Trust Fund for Decentralized Health System Development
Country: Sudan
Date Approved: 10/30/2006
Date Closed: 6/30/2013
Total Bank Commitment: $6,000,000
Total Project Cost: $19,000,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: Two horizontal themes (40% of total), Two vertical themes (40% of total), One theme both (20% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2013/12/18780437/sudan-grant-decentralized-health-system-development-project

Analysis:

- The goal of this project was to "improve access to basic health services by conflict-affected and underserved populations in four target states while establishing the basis for reform, sustainable financing and development of the decentralized health system."
- The strategies to meet the goal included:
    - Expanding access to primary health services by underserved populations, including improving the quality of existing primary care services; and expansion of coverage of primary health care through the use of temporary mobile clinics.
    - Establish the basis for reform and development of the decentralized health system, including capacity-building and policy development. Other parts of this strategy included health care financing, access to pharmaceuticals, health planning, monitoring and evaluation, development of primary health care human resources, and investment in primary health care infrastructure.
- The project indicators included:
    - Outpatient consultations per person per year in targeted health facilities
    - Percentage of pregnant women who attended at least one antenatal care consultation
    - Births attended by skilled staff
    - Number of insecticide treated nets distributed
    - Percent of households who possess at least one insecticide treated net
    - Health Care Financing studies completed
    - Rural health facilities constructed and or equipped
    - Number of primary health care workers (including midwives) trained

Conclusion: This project makes use of several horizontal strategies designed to strengthen the entire system. This includes training primary healthcare staff and investing in infrastructure. That said, the indicators around distribution and use of insecticide treated nets indicate that some vertical strategies were used as well suggesting a more diagonal intervention.

Projects Started in 2007

Project: Total War Against HIV and AIDS (TOWA)
Country: Kenya
Date Approved: 6/26/2007
Date Closed: 6/30/2014
Total Bank Commitment: $80,000,000
Total Project Cost: $115,000,000
Percentage Designated Health Sector: 35%
Vertical/Horizontal: One horizontal theme (17% of total), One vertical theme (33% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2015/09/24992007/kenya-total-war-against-hiv-aids-towa-project

Analysis:

- The goal of this project was to assist the Kenyan government, "to expand the coverage of targeted HIV and AIDS prevention and mitigation interventions through sustaining the improved institutional performance of the Project Implementing Entity and supporting the implementation of the Kenya National HIV and AIDS Strategic Plan."
- The funds for this project went partly to strengthen capacity and coordination abilities of Kenyan institutions. The majority of the funds went to support proposals from private sector, civil society organizations and others that were targeting interventions to different high risk populations including: commercial sex workers, orphans and vulnerable children, youth, men having sex with men, and others. Additional funds went to procurement of commodities including: first-line drugs for treatment of TB, condoms, and insecticide-treated bed nets.
- Results included the distribution of 323 million condoms, 5.6 million individuals receiving HIV counseling and testing services, and 4.88 million youth receiving HIV prevention method information.

Conclusion: This project would seem to be a standard vertical intervention. With the focus on a specific disease, and the use of funds to target things such as the procurement of drugs, contraceptives, and bed nets.

Project: Health Insurance Project
Country: Ghana
Date Approved: 7/3/2007
Date Closed: 3/31/2014
Total Bank Commitment: $15,000,000
Total Project Cost: $39,000,000
Percentage Designated Health Sector: 6%, Note: 82% of the project was designated Compulsory health finance
Vertical/Horizontal: One horizontal theme (67% of total)
Project Document Available:
http://www.worldbank.org/projects/P101852/health-insurance-project?lang=en&tab=details

Analysis:

- The goal of this project was to strengthen the Ghanaian National Health Insurance Scheme by both improving policy adaptation and implementation capacity, and improving the purchasing function of the District Mutual Health Insurance Schemes, and the Billing Function of the providers.
- Project indicators included:
    - The percent amount of total claims not paid within the statutory time period due to vetting delays caused by suspected error, abuse and fraud.
    - The total number of claims received electronically by processers from provider
    - Percentage of population in lowest quintile of socio-economic status registered under the National Health Insurance Scheme with a valid card.
    - Percentage of the number of total bills submitted by the beneficiary providers that are submitted electronically
    - Health personnel to receive training
- The majority of the funding went to increasing capacity to make these changes, supporting providers needs and network development, and financial and operational management training.

Conclusion: This project does not really fall neatly either into vertical or horizontal. It deals with the financing of the health system, and to the extent that this focus strengthens the health system as a whole it is in a sense horizontal. It really has little to do with the determinants of health other than potentially contributing to a sustainable health system. So it is not a horizontal intervention in the classical sense.

Projects Started in 2008

Project: Republic of Congo Health Sector Services Development
Country: Republic of Congo
Date Approved: 5/29/2008
Date Closed: 6/30/2014
Total Bank Commitment: $40,000,000
Total Project Cost: $40,000,000
Percentage Designated Health Sector: 55%
Vertical/Horizontal: One horizontal theme (40% of total), Two vertical themes (40% of total), One theme both (20% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2015/08/24916227/congo-republic-health-sector-services-development-project

Analysis:

- The goal of this project was to, "support the strengthening of the health system in order to effectively combat the major communicable diseases and improve access to quality services for women, children and other vulnerable groups."
- The project funds went to several different areas, including:
    - Strengthening leadership capacities in managing a functioning and decentralized health system
    - Institution of an efficient and effective system for managing health sector human resources
    - Rehabilitation and equipment of health facilities
    - Improvement of access to a package of quality essential health services
    - Monitoring and evaluation and project management
- The project was revised at one point to add funding for an additional package of high priority health services related to: malaria, maternal and child mortality, and mother to child transmission of HIV/AIDS
- The project outcomes included the testing of 11,000 people for HIV/AIDS, the distribution of 700,000 insecticide treated bed nets, increased capacity built for treatment and care of HIV/AIDS, better management of DOTS for TB cases, 3,500 people receiving HIV treatment, 32 health facilities that were renovated, a strategic framework was adopted to control cervical and breast cancer, and a package of essential health services was designed and implemented.

Conclusion: While the project goals and funds describe horizontal approaches and strategies, the majority of the outcomes have more in common with those seen through vertical approaches. There is some evidence, however, that the horizontal strategies did produce meaningful improvements to the entire system – particularly the renovation and rehabilitation of facilities.

Project: National HIV/AIDS Prevention Support Project
Country: Botswana
Date Approved: 7/10/2008
Date Closed: 3/31/2015
Total Bank Commitment: $50,000,000
Total Project Cost: $50,000,000
Percentage Designated Health Sector: 58%, Note: 35% of this project was designated Public administration-Health
Vertical/Horizontal: One vertical theme (85% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2008/06/9588485/botswana-national-hivaids-prevention-support-project

Analysis:

- The goal for this project was to assist the Government of Botswana in increasing coverage, efficiency, and sustainability of different evidence-based HIV/AIDS interventions.
- The strategies to achieve this goal included:
    - Strengthening Botswana's National AIDS coordinating agency's management and coordination capacity
    - Financing innovative HIV/AIDS prevention and mitigation activities
- Much of the funding went to support the National AIDS Coordinating Agency and to other public sector ministries involved in addressing the crisis, including: Ministry of Education, Ministry of Health Ministry of Labour and Home Affairs, Ministry of Works and Transport, and others.
- The remaining funding went to support results-based targeted community level activities.
- The project indicators included:
    - Percentage of young women and men aged 15-19 and 20-24 who can identify safe sexual practices
    - Percentage of sexually active youth reporting condom use or abstinence
    - Number of male circumcision procedures performed
    - Number of people receiving tuberculosis treatment in accordance with DOTS
    - Number of health facilities rehabilitated, constructed, and/or equipped

Conclusion: This project is interesting because it does have some horizontal strategies for what is largely a vertical project. This includes funding for a host of ministry's, recognizing the cross-sectoral challenge posed by HIV/AIDS. However, the indicators and explicit focus on HIV/AIDS makes this a vertical intervention.

Projects Started in 2009

Project: Health Service Delivery Project for Mozambique
Country: Mozambique
Date Approved: 4/16/2009
Date Closed: 12/31/2016
Total Bank Commitment: $44,600,000
Total Project Cost: $44,600,000
Percentage Designated Health Sector: 60%, Note: remaining 40% designated Public administration-Health
Vertical/Horizontal: One horizontal theme (40% of total), Three vertical themes (45% of total), One theme both (15% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2009/03/10404321/mozambique-health-service-delivery-project

Analysis:

- The goal of this project is to, "reduce child mortality, reduce maternal mortality, reduce the burden of malaria, reduce the prevalence of tuberculosis, and reduce inequity in the access to health services in Mozambique."
- Noted in the project appraisal that this project seeks to address MDG 4 (reduction of child mortality), MDG 5 (reduce maternal mortality), and MDG 6 (combat HIV, malaria, and other diseases).
- The majority of the funding goes to training and standard interventions for addressing these diseases, including the provision of drugs, training of healthcare workers, dissemination of insecticide treated nets, and programs to control HIV/AIDS.
- The project also funds the rehabilitation of some clinics, and the construction of additional clinics. Additionally, some funding is allocated for the preparation of a health sector investment plan.

Conclusion: While this intervention is mostly vertical, it certainly has its horizontal aspects. This project is very clearly is designed to meet objectives set by the MDGs, though it certainly seeks to strengthen systems to a certain extent while doing so. This project can be classified as diagonal.

Project: Strengthening Community Participation for the Fight Against Female Genital Cutting
Country: Burkina Faso
Date Approved: 7/10/2009
Date Closed: 11/4/2013
Total Bank Commitment: $2,730,000
Total Project Cost: $2,730,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One theme both (67% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2013/06/17885529/burkina-faso-strengthening-community-participation-fight-against-female-genital-cutting-fgmc-p116645-implementation-status-results-report-sequence-03

Analysis:

- The goal of this project was to support Burkina Faso in ending Female Genital Cutting and to demonstrate the benefits and sustainability of integrating education, health, and social protection into the delivery of social services.
- The budget for this project was allocated to four primary components:
    - Public awareness campaigns
    - Capacity enhancement of village women and front line health workers
    - Grassroots management training
    - Coordination, monitoring and evaluation of impact
- Project indicators included:
    - A decrease in the number of news cases of female genital cutting
    - An increase in the number of health center personnel and communities receiving training/tools against female genital cutting
    - Attitude towards the issue
    - Number of circumcisers who have abandoned the practice

Conclusion: This project is vertical in its focus, though its strategies have elements that could be construed as horizontal. The goal of addressing a human rights issue and showing the benefits of integrating education, health, and social protection into social services is certainly horizontal. The specific focus on female genital cutting makes this a more selective approach, but if applied elsewhere it certainly has horizontal potential.

Projects Started in 2010

Project: Health System Performance Project
Country: Benin
Date Approved: 5/6/2010
Date Closed: 6/30/2017
Total Bank Commitment: $22,800,000
Total Project Cost: $33,800,000
Percentage Designated Health Sector: 27%, Note: the remaining 73% of the project was designated Public administration-Health
Vertical/Horizontal: One horizontal theme (80% of total), One vertical theme (5% of total), One theme both (15% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2010/04/12119517/benin-health-system-performance-project

Analysis:

- The goal of this project was to increase the coverage of quality maternal and neonatal services in targeted districts.
- The project developed three components for achieving the goal:
    - The first involved improving the performance of health facilities through a Results-Based Financing (RBF) mechanism and strengthening the capacities of the Ministry of Health to implement this while also supporting the recruitment of doctors.
    - The second component sought to ease access to services by identifying the poorest citizens and exempting them from user fees, strengthening health services in target districts, and supporting the development of a universal health care insurance system.
    - The third component sought to strengthen the ministry of health's capacity in the areas of planning, budgeting, management, and monitoring and evaluation.

Conclusion: This project, though it focuses on an MDG goal, takes a more horizontal approach for achieving it. The focus on easing access to care by exempting user fees, as well as strengthening the system as a whole, will have ramifications beyond just increasing maternal and neonatal services.

Project: Reproductive and Child Health Project – Phase 2
Country: Sierra Leone
Date Approved: 8/12/2010
Date Closed: 10/31/2016
Total Bank Commitment: $20,000,000
Total Project Cost: $20,000,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One horizontal theme (20% of total), One vertical theme (20% of total), One theme both (40% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2010/04/12094940/sierra-leone-second-phase-reproductive-child-health-project

Analysis:

- The goal of this project originally was to increase utilization of a package of essential health services by pregnant women under age five.
- It was adjusted in 2014 so that some of the funds from this project could go towards the Ebola response.
- There were two components to the original project:
    - Strengthening service delivery – this took the form of procuring bulk vehicles, equipment, drugs and vaccines.
    - Improve capacity building in the form of monitoring and evaluation, medical training by supporting the ability of two institutions to offer additional training to improve skills in shortage areas.

Conclusion: This project is difficult to evaluate because of the transition to the Ebola emergency a few years into its implementation. The project as originally designed, however, had elements of both horizontal and vertical interventions.

Projects Started in 2011

Project: AFCC2/RI Horn of Africa Emergency Health and Nutrition Project
Countries: Kenya and Ethiopia (targeted to refugee camps)
Date Approved: 9/15/2011
Date Closed: 3/29/2013
Total Bank Commitment: $30,000,000
Total Project Cost: $30,000,000
Percentage Designated Health Sector: 56%
Vertical/Horizontal: One horizontal theme (22% of total), Two vertical themes (78% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2013/09/18341201/africa-horn-africa-emergency-health-nutrition-project

Analysis:

- The project's goal was to support an emergency response to health and nutrition needs in refugee camps located in Kenya and Ethiopia by expanding services.
- Project indicators included:
    - Number of children under five years receiving treatment for severe/acute malnutrition
    - Number of pregnant and lactating women who received food or micronutrient supplements
    - Number of children under five who received treatment for acute respiratory infections
    - Number of children under five years who received treatment for watery diarrhea
    - The percentage of females out of the total number of project beneficiaries
- The majority of the project budget went to the treatment and prevention of malnutrition and the provision of basic health services.

Conclusion: As this was an emergency response that was implemented within a refugee camp, it is hard to classify this project as either horizontal or vertical. In fact, it is more appropriate to classify it as neither.

Project: Basic Health Services Project
Country: Tanzania
Date Approved: 12/20/2011
Date Closed: 4/30/2016
Total Bank Commitment: $100,000,000
Total Project Cost: $2,721,800,000
Percentage Designated Health Sector: 85%, Note: 3% is designated Public Administration-Health
Vertical/Horizontal: One horizontal theme (70% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2011/11/15515799/tanzania-basic-health-services-project

Analysis:

- The partners in financing this project, in addition to the Bank, included the governments of Ireland, Germany, Canada, the Netherlands, Denmark, Norway, Switzerland, UNICEF, UNFPA, and the UN.
- The goal of this project was to assist the Tanzanian Government in improving the equity of geographic access and the use of basic health services in districts across the country, as well as increasing the quality of these services.
- To achieve this goal, the project proposes to introduce innovative financing mechanisms to encourage effective and efficient management of health services, as well as a focus on quality improvement.
- The project indicators included:
    - Percent of births taking place in a health facility
    - The average outpatient attendances per clinical healthy worker by Local Government Authority (LGA)
    - Average outpatient attendances per capita by LGA
    - Percent of health facilities with any stock-outs of tracer medicines and vaccines
    - Ratio of the 10 best performing LGA's to the 10 worst performing LGAs in the first three indicators
- The budget for this project would go to support local government service delivery, including funding for medical supplies, medicines, vaccines, and contraceptive commodities; capacity building in local governments including training and systems strengthening interventions; and the funding of programs to support local service delivery.

Conclusion: This project makes use of both vertical and horizontal approaches to health. The use of project budget to provide supplies, vaccines, and contraceptives is more inline with vertical interventions. However, in this case it is in the larger context of several horizontal interventions – suggesting that this project can be classified as diagonal.

Projects Started in 2012

Project: Health System Support Project
Country: Central African Republic
Date Approved: 5/17/2012
Date Closed: 3/31/2019
Total Bank Commitment: $17,000,000
Total Project Cost: $26,500,000
Percentage Designated Health Sector: 91%, Note: the remaining 9% was for Public Administration-Health
Vertical/Horizontal: One horizontal theme (25% of total), Two vertical themes (30% of total), One theme both (20% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2012/04/16248487/central-african-republic-health-system-support-project

Analysis:

- The goal of this project is to improve both utilization and quality of maternal and child health services the certain rural areas within the Central African Republic.
- The population living within the target areas comprises close to two-thirds of the country's entire population. The targeted regions were chosen specifically because they have poor health status and outcomes.
- The key indicators for this project are:
    - Increasing the number of people with access to basic health services
    - Increasing the number of children immunized
    - Increasing the number of births attended by trained personnel in health facility in targeted areas
- The funding for the project is going to support the improvement of health facilities through performance-based financing and strengthening monitoring and evaluation capacity.

Conclusion: This project has in mind some of the MDG goals of maternal and child heath, but it appears to use horizontal systems strengthening interventions to achieve them making it another diagonal project. The strategies, while they may be implemented with the hope of improving maternal and childhood health, will presumably improve the systems capability on the whole as well.

Project: Nigeria Polio Eradication Support
Country: Nigeria
Date Approved: 7/12/2012
Date Closed: 7/31/2017
Total Bank Commitment: $95,000,000
Total Project Cost: $95,000,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One vertical theme (90% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2012/06/16411397/nigeria-polio-eradication-support-project

Analysis:

- The goal of this project is to assist the Nigerian government with the eradication of polio, with the specific objective of maintaining 80% coverage of the oral polio vaccine within each Nigerian state.
- The target population of this project is every child in Nigeria.
- The primary indicator of interest is the 80% coverage rate within every state.
- The entire budget of the project is dedicated to the provision of the oral polio vaccine.

Conclusion: This project is a classic vertical intervention, with the money being used only on the provision of vaccinations.

Projects Started in 2013

Project: Liberia Health Systems Strengthening
Country: Liberia
Date Approved: 5/30/2013
Date Closed: 5/30/2018
Total Bank Commitment: $10,000,000
Total Project Cost: $15,000,000
Percentage Designated Health Sector: 46%, Note: 25% is dedicated to Public Administration-Health
Vertical/Horizontal: One horizontal theme (75% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2013/05/17702721/liberia-health-systems-strengthening-project

Analysis:

- The goal of the project is to, "improve the quality of maternal health, child health, and infectious disease services in selected secondary-level health facilities."
- The project seeks to do this by improving quality of care standards, increasing the availability of qualified graduate physicians, enhancing clinical capabilities and competencies of mid-level medical staff (i.e. nurses, midwives), and improving provider-accountability mechanisms.
- The project report notes that while women and children are the primary beneficiaries, the work done on this project will benefit all who seek care at the targeted facilities.
- The project indicators include:
    - Health facility quality index
    - Maternal and child death audits
    - Direct project beneficiaries

Conclusion: This is a diagonal intervention. The focus is selective, maternal and child health, but the strategies used to make gains in the area are horizontal and will strengthen the system as a whole.

Project: Western Africa Regional Disease Surveillance Capacity Strengthening
Country: Liberia
Date Approved: 10/22/2013
Date Closed: 6/30/2017
Total Bank Commitment: $10,000,000
Total Project Cost: $10,750,000
Percentage Designated Health Sector: 100%
Vertical/Horizontal: One horizontal theme (100% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2012/06/16430048/africa-west-africa-disease-surveillance-response

Analysis:

- The project seeks to strengthen the capacity of the West Africa Health Organization (WAHO) and the World Health Organization in Africa (WHO/AFRO), to design and cost a regional surveillance response system for the Economic Community of West African States.
- The project supports the development of a framework and operational strategy for regional disease surveillance and response system; develops an integrated regional health information system; develops a strategy to support and operationalize this system, mobilizes resources to support disease surveillance in the region; and seeks to strengthen the healthcare workforce in the field of epidemiology and laboratory diagnosticians – both in terms of quantity and quality.

Conclusion: This project features a clear horizontal approach. It focuses not only on building a surveillance system, but also increasing the health workforce capacity needed to maintain it. This strengthens the health system as a whole.

Projects Started in 2014

Project: Maternal and Child Health and Nutrition Services Support Project
Country: Togo
Date Approved: 2/19/2014
Date Closed: 10/31/2018
Total Bank Commitment: $14,000,000
Total Project Cost: $14,000,000
Percentage Designated Health Sector: 90%
Vertical/Horizontal: Two horizontal themes (50% of total), One vertical theme (50% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2014/01/18892088/togo-maternal-child-health-nutrition-services-support-project

Analysis:

- The goal of this project is to increase utilization of selected maternal and child health nutrition services for pregnant women and children. Many of these services are related to either malaria or nutrition.
- Key project indicators include:
    - Proportion of pregnant women who slept under an insecticide treated net the previous night
    - Proportion of women who received intermittent preventive treatment during ante-natal consultations during their last pregnancy
    - Percentage of malaria cases tested by community health workers using a rapid diagnostic test
    - Proportion of infants aged 0 to five months who were exclusively breastfed in certain regions
    - Percentage of women attending ante-natal consultations who received 90 Iron folic acids during their last pregnancy
- Much of the project financing goes towards support for the malarial parts of the project, particularly the provision of bed nets and supervision to ensure effective utilization. The remaining funds go mostly towards the nutritional component.

Conclusion: While there are certainly some horizontal aspects to this project, the explicit focus on malaria and nutrition and the money devoted towards interventions such as the provision of insecticide treated nets puts this project more in the vertical realm.

Project: Health Systems Strengthening and Ebola Preparedness Project
Country: Cote D'Ivoire
Date Approved: 11/25/2014
Date Closed: 1/31/2020
Total Bank Commitment: $70,000,000
Total Project Cost: $77,000,000
Percentage Designated Health Sector: 86%
Vertical/Horizontal: Two horizontal themes (48% of total), Two vertical themes (33% of total), One theme both (19% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2014/11/20360047/c%C3%B4te-d%C2%92ivoire-health-systems-strengthening-ebola-preparedness-project

Analysis:

- The purpose of the project is to, "strengthen the health system and improve the utilization and quality of health and nutrition services in selected regions." This will be done through health systems performance, but with additional work for Ebola preparedness.
- The key indicators for the project are:
    - Number of deliveries in a health facility by trained health personnel
    - Number of severely malnourished children detected and treated
    - Percentage of vaccination coverage
    - Average quality score for facilities covered by project
    - Per capita utilization of services
- Project seeks to achieve these goals through increased utilization of targeted services, improved clinical practice, structural improvements, and improved management capacity.
- The project also allocates significant money to improving health insurance coverage, essential infrastructure and rehabilitation, supporting the development of health management information systems, and Ebola preparedness.

Conclusion: The indicators appear to be similar to some used by vertical interventions, but the strategies included in this project are largely horizontal. The one exception is Ebola preparedness, but that is only a small part of a project, which integrates this goal into larger system improvements.

Projects Started in 2015

Project: Nigeria Program to Support Saving One Million Lives
Country: Nigeria
Date Approved: 4/10/2015
Date Closed: Not listed
Total Bank Commitment: $200,000,000
Total Project Cost: $200,000,000
Percentage Designated Health Sector: 90%
Vertical/Horizontal: One vertical theme (90% of total).
Project Document Available:
http://documents.worldbank.org/curated/en/2015/04/24313025/nigeria-saving-one-million-lives-initiative-program-for-results-pforr-project

Analysis:

- The goal is listed in the project name – to save the lives of one million Nigerians.
- The purpose for choosing this number is because it is determined that close to one million children under the age of five and women die in Nigeria ever year – and many of these diseases are considered preventable.
- The program focuses on six pillars built on cost-effectiveness principles. These are:
    - Maternal, newborn, and child health
    - Childhood essential medicines and increasing treatment of important childhood diseases
    - Improving child nutrition
    - Immunization
    - Malaria control
    - Elimination of Mother to Child Transmission (EMTCT) of HIV
- The project also seeks to promote innovation and use of information and communications technology, and improve supply chain and distribution.
- Project indicators include:
    - Increase in utilization of reproductive child health and nutrition interventions
        - Searching specifically for improvements in vaccinations, insecticide treated nets, contraceptive prevalence rate, skilled birth attendance, HIV counseling, and vitamin A coverage to children.
    - Increase quality of these interventions
    - Improvement of monitoring and evaluation systems and data utilization
    - Establishing operation of an Innovation Fund to support increasing the utilization and quality of maternal and child health interventions
    - Increasing transparency in management and budgeting of primary health care

Conclusion: This is a diagonal intervention that uses both vertical and horizontal strategies. What is interesting is that the majority of the funding (61%) goes to the improvements under

the first indicator: vaccinations, insecticide treated nets, contraceptives, and HIV counseling – these are the traditional vertical interventions.

Project: Population and Health Support Project
Country: Niger
Date Approved: 5/22/2015
Date Closed: 12/31/2021
Total Bank Commitment: $103,000,000
Total Project Cost: $103,000,000
Percentage Designated Health Sector: 86%
Vertical/Horizontal: Two horizontal themes (29% of total), Two vertical themes (23% of total), One theme both (48% of total)
Project Document Available:
http://documents.worldbank.org/curated/en/2016/02/25970862/niger-population-health-support-project-p147638-implementation-status-results-report-sequence-02

Analysis:

- The goal of this project is to increase the utilization of reproductive health and nutrition services in the targeted areas of Niger.
- To achieve this goal the project seeks to increase the supply of reproductive, maternal, newborn, and adolescent health nutrition services, as well as social and behavior communication change in the form of women and girl's empowerment.
- Project indicators include:
    - Percentage of women 15-49 years using modern contraceptive methods
    - Skilled birth attendance at delivery
    - Exclusive breastfeeding for children under 6 months
    - Women 15-49 and children under five using the basic package of reproductive health and nutrition services
    - Direct project beneficiaries

Conclusion: The project goal, and some of the provisions around training for health care workers have elements of horizontal approaches. The indicators, and the focus on early childhood health and mothers has much in common with vertical approaches to health, however, and is very similar to projects that sought to address the MDGs on infant mortality and maternal health.

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